

City of Hobbs

MOBILE BUSINESS

INSPECTION CHECKLIST

****Complete this form first****

This form must be approved prior to issuance of Business Registration and Mobile License.

COMMUNITY SERVICES

Office: (575) 391-8158

Fax: (575) 391-3061

Name of Applicant: _____ Phone #: _____

Business Name: _____ Email: _____

Permanent Business Location: _____

Permanent Business Location Property Owner: _____

Permanent Business Location Property Owner Address: _____

Permanent Business Location Property Owner Phone #: _____

Type of Mobile Business: Food Retail Floral

Mobile Unit Description: _____

Mobile Unit License Plate #: _____

Compliance Issues: _____

Date Inspected: _____

Date Corrected: _____

APPROVAL OF APPLICATION OFFICIAL USE ONLY:

Fire Dept. Printed Name: _____

Fire Dept. Approved Yes: _____ No: _____ Signed: _____ Date: _____

Site Inspection Performed Yes: _____ No: _____ Signed: _____ Date: _____

Called Customer for Pickup Yes: _____ No: _____ Signed: _____ Date: _____
